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First name inventor or Application Identifier

Douglas J. Dobrozsi et al.

7804

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR

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EJ302199565US

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26

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

1. [X] Fee Transmittal Form

(Submit an original, and a duplicate for fee processing)

Total Pages [___26__ 2. [X] Specification (preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
- 3. [] Drawing(s) (35 USC 113) Total Sheets []
- 4. Oath or Declaration
 - a. [X] Newly UNSIGNED (original or copy)
 - [] Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]

DELETION OF INVENTORS Signed statement attached deleting

inventor(s)

named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

5. Incorporation By Reference (useable if Box 4b is checked)

Washington, D.C. 20231 6. Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. [] Computer Readable copy

ADDRESS TO: Box Patent Application

- b. Paper Copy (identical to computer copy)
- c. [] Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- Assignment Papers (cover sheet & document(s))
- [] 37 CFR 3.73(b) Statement [] Power of Attorney (when there is an assignee)
- 10. [] English Translation Document (if applicable)
- 11. | Information Disclosure | Copies of IDS Statement (IDS)/PTO-1449 Citations
- 12. [] Preliminary Amendment
- 13. [X] Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- 14. [] Small Entity [] Statement filed in prior application Statement(s) Status still proper and desired
- 15. Certified Copy of Priority Document(s) (if foreign priority is claimed)

16.		Other:		•
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or [X] New correspondence address below

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7. If a CONTINUIN	IG APPLICATIO	אכ, cneck appropriate box ai	na supply the requisite informatio	и.
□ Continuation	□ Divisional	□ Continuation-in-part (CIP)	of prior application No. /	

18. CORRESPONDENCE ADDRESS

(Insert Customer No. or Attach bar code label

here)

John M. Howell

[] Customer Number or Bar Code Label

NAME The Procter & Gamble Company

Health Care Research Center

ADDRESS 8700 Mason-Montgomery Road

CITY STATE ZIP CODE OH Mason

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16 (c))	20 - 20	0	x \$22.00 =	\$0
	INDEPENDENT CLAIMS (37 CFR 1.16 (c))	3 - 3	0	x \$82.00 =	\$0
	MULTIPLE DEPENDENT (CLAIMS (if applicable) (3	+ \$270.00 =	\$0	
				BASIC FEE (37 CFR 1.16(a))	
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		\$790.00			

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NAME	John-M. Howell			
SIGNATURE	I she M Howell			
DATE C	December 20 , 1999			

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John M. Howell 33,713
Attorney/Agent mailing application Reg No

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